



ATTACHMENT 7-1

Mail or Fax to:
CMCMUA
P.O. Box 610
CMCH, NJ 08210
(609) 465-9025

CMCMUA SOLID WASTE DISPOSAL FACILITIES
SOLID WASTE TRANSPORTER REGISTRATION FORM

This form is to be completed by Applicant.

DATE _____

Business Information

Business Name _____
Business Address _____
Mailing Address _____
Type of Business _____
Owner/Manager Name _____
Business Phone _____ Owner/Mgr Phone _____ FAX No. _____
Social Security or Federal ID Number _____ E-Mail Address _____

Account Information Type of account (check one)

_____ Credit - Public Agency _____ Pre-Payment _____ Cash or Check
_____ Credit - Letter of Credit (from local bank)

For amount of Pre-Payment/Letter of Credit contact CMCMUA Business Services Supervisor at (609) 465-9026.

Business References Include name, address & phone number

- 1. _____
2. _____
3. _____

Vehicle Information Trucks Only

NJDEP No.: (if applicable)

Table with 5 columns: NJDEP DECAL Reg No., Truck Type, Container (yes/no), Capacity (cu. yd.), License Plate No., CMCMUA Decal No. Issued

Truck types are as follows: tractor-trailer, roll-off vehicle, compactor, stake-side truck, dump truck, other (specify).
[To list additional trucks and container registration contact the CMCMUA to request page 2 of this form.]

Type of Waste Hauled (circle as appropriate)

SOLID WASTE: 10-Municipal 13-Bulky 13C-Construction/Demolition Waste 23-Vegetative
25-Animal & Food Processing 27-Non-Hazardous Industrial 27A-Asbestos

RECYCLABLES: Type(s) _____

Municipality of Waste Origin (circle as appropriate)

AV CM CMP DT LT MT SH SIC OC WCM WWW NWW WWC WW UT WB

Counties Operating In (other than Cape May)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY THE CMCMUA OF ANY CHANGES IN THE ABOVE INFORMATION WITHIN FIVE (5) DAYS OF THE CHANGE. I REALIZE THAT MY ACCOUNT MUST BE KEPT CURRENT IN ORDER FOR ME TO MAINTAIN MY DISPOSAL PRIVILEGES.

Owner/Manager Signature _____

Date _____

CMCMUA ACCOUNT NO. _____